SULPHONAL EXANTHEMATA.

DR. MAX WALTERS notes the previously reported cases, generally of erythema resembling scarlet fever, and reports two personal cases. He remarks that the eruption is mostly located in the follicles, and thence through confluence the efflorescence spreads, becoming large, reddened areas ; in addition, vesicles are noted. On the whole, the resemblance is to scarlet fever, which rarely, also, shows vesicles.—*Therapeutische Monatshefte*, 1895, Heft 12, S. 656.

THE PHARMACOLOGICAL ACTION OF PURGATIVES.

DR. WILLIAM MURRELL states that one thing is perfectly clear, and that is, that the majority of purgatives derived from the vegetable kingdom belong to the class of cutaneous irritants—*e. g.*, croton oil, gamboge, elaterium. This irritant effect leads, when the drug is taken internally, to increased peristaltic movement and to a rapid evacuation of the intestinal contents. The stimulation may be exerted on the mucous membrane itself or upon the motor ganglia which preside over the contractions of the intestines. Saline purgatives have an enormous advantage over purgatives of vegetable origin in not being irritant. It is probable that most of them act simply in virtue of their bitterness. The intensely bitter taste both of magnesium sulphate and of sodium sulphate is readily appreciated, even in very dilute solutions. Bitters excite the secretion both of the stomach and intestines. Gentian, quassia, calumba, and angustura administered immediately before meals improve the appetite and stimulate the powers of digestion. These drugs fail to act as purgatives because many of them contain astringent principles and they are commonly taken in small doses with sherry or gin, which by dilating the gastric bloodvessels facilitates absorption. The theory that the action of saline purgatives is solely to increase peristalsis is now abandoned. The natural purgative waters do not exert their characteristic action if the patient be confined to bed or less favorably placed for the passage of fluid into the intestines. In these cases the action of the aperient is materially assisted by massage of the abdomen, which facilitates the passage of the fluid through the pyloric orifice. The effect of bitter water upon the stomach is beneficial apart from the purgative action, and it is a common experience that patients whose breakfast ordinarily consists of a cup of tea and a piece of dry toast find that they can eat a good meal and digest it after a glass of Hunyadi Janos water sipped slowly while dressing. With regard to the purgative effect, the bitterness of the water is responsible for its excito-secretory action, whilst its low diffusibility impedes the reabsorption of the fluid. As a joint result of the stimulated secretion and diminished absorption there is a largely increased accumulation of fluid in the intestinal tract, which, partly from the effects of gravity and partly from a gentle stimulation of the peristaltic movement excited by distention, reaches the rectum and produces a copious and comfortable evacuation. Some saline purgatives affect the peristaltic movements so slightly that they are powerless to give the secreted fluid the necessary downward impetus, the result being that there is risk of re-absorption with attendant dangers of griping and discomfort. It is rarely expedient to employ a single member of this group; much better results are obtained by judicious combinations which occur in the natural purgative waters. In the case of Hunyadi Janos water a half-tumblerful is diluted with an equal quantity of boiling water and sipped slowly whilst dressing in the morning, with the result of one copious and easy evacuation immediately after breakfast. The dose can be regulated to a nicety, and it can be taken month after month without the slightest risk of exciting a catarrhal condition of the intestines.—*Medical Press and Circular*, 1896, No. 2957, p. 25.

GLYCERIN-SUPPOSITORIES.

MR. FRANK G. RYAN has studied the results of replacing the sodium stearate in these suppositories by agar-agar. If only 50 per cent. of glycerin was incorporated, the product was too elastic and lacked sufficient firmness to be introduced into the rectum. Those containing 75 per cent. could be used without much difficulty, but they did not possess the firmness of those made with sodium stearate. More than the latter named amount of glycerin could not be incorporated, as it tended to separate from the mass on cooling. The formula is: agar-agar, 1; water, 9; glycerin, 30. While these suppositories are not to the same extent affected by exposure, they cannot replace those made with sodium stearate on account of the smaller content of glycerin and their lack of firmness.—*Bulletin of Pharmacy*, 1896, No. 1, p. 15.

GASTRO-INTESTINAL ANTISEPSIS.

M. FERRAND administers these drugs in divided doses in order to avoid the formation of masses and consequent toxic symptoms, and to permit of decomposition. Further, the methods which are successfully employed by surgeons should not be lost sight of—the freeing the intestinal canal from fermentable material. Attention should also be called to the value of the variations of urinary toxicity as indicating the success with which the remedies are applied.—*Bulletin Gènèral de Thèrapeutique*, 1896, 1re liv., p. 3.

OREXIN.

DR. HOLM remarks that the unpleasant symptom produced by the drug is the painful burning sensation in the buccal and œsophageal mucous membrane, which is obviated by its administration in wafers. This applies only to the hydrochloride; the basic orexin can be given in powder. The dose of four grains must not be exceeded and not more than eight grains be administered in one day. Generally one dose is given thirty minutes before the mid-day and the evening meal; for *hyperemesis gravidarum* one powder only before supper. Ten cases are briefly reported, to which twenty-three other cases of inappetence from various causes are added. Of these patients, five abandoned the treatment; in nine the result was good; in twelve an increase of appetite was shown; four gave a doubtful result; in two failure was observed. One of these suffered from tuberculosis and the other from hysteria. In general the statements of Penzoldt as to its power of increasing the appetite seem to be verified.—*Therapeutische Monatshefte*, 1896, Heft 1, S. 11.